Notice of Agency Rule-Making Proposal

AGENCY: Department of Health and Human Services, Division of Licensing and Certification –

Community Services Licensing

RULE TITLE OR SUBJECT: <u>Regulations Governing the Licensing and Functioning of Assisted Housing Programs</u>

PROPOSED RULE NUMBER: (LEAVE BLANK – ASSIGNED BY SECRETARY OF STATE)

CONCISE SUMMARY (UNDERSTANDABLE BY AVERAGE CITIZEN):

Modification of Chapter 113; *Regulations Governing the Licensing and Functioning of Assisted Housing Programs*. The Department of Health and Human Services is promulgating these proposed rule changes for Assisted Housing Programs.

These rules cover:

Level I facilities that are 1 or 2 beds.

Level II facilities that are 3-6 beds.

Level III facilities that are 3-6 beds and employ more than 3 non related employees.

Level IV facilities that are 7 or more beds.

Assisted Living Programs

These rules propose to make changes in the following areas:

Section 2, 2.11 - A change in the definition of Assisted Living Services pursuant to M.R.S.A. § subsection 5

Section 3, 3.25.2, 3.25.3 and 3.25.3.3 - Mandated use of a standard contract: (PL 546 An Act Regarding Standard Contracts for Assisted Living Services)

Amendment A (The Standard Contract)

THIS RULE WILL WILLNOT HAVE A FISCAL IMPACT ON MUNICIPALITIES.

STATUTORY AUTHORITY:

22 MRSA Chapter 401 § 1717

Chapter 405, §§ 1812-C, 1812-G

Chapter 413, § 2053

Chapter 1453, § 5107-A

Chapter 1663, §§ 7801, 7802, 7804

Chapter 1664, §§ 7851-7861

Chapter 1666, § 7922

Chapter 1666-A, § 7931 et seq.

32 MRSA Chapter 31, § 2102

PUBLIC HEARING:	
A public hearing will be held on	June 1, 2005 1 p.m. Augusta Civic Center Civic Center Drive Augusta, Maine 04333 Washington/York Room
DEADLINE FOR COMMENTS:	June 13, 2005
AGENCY CONTACT PERSON: AGENCY NAME: ADDRESS: TELEPHONE: E-Mail	Peter Mauro, Jr., Assistant Director Division of Licensing and Certification – Community Services Programs 11 SHS, Augusta, Maine 04333 (207) 287-9250 (207) (800) 720-1925 [TTY] peter.mauro@maine.gov
	Please approve bottom portion of this form and Assign appropriate MFASIS number.
APPROVED FOR PAYMENT	DATE:
Geoffi	rey Green, Deputy Commissioner

Geoffrey Green, Deputy Commissioner
Maine Department of Human Services, Bureau of Elder and Adult Services
APP #010-10A-6000